

# MBI Benefits™ Card Request Form

ProcessWorks' MBI Benefits™ card provides instant access to your account funds. No more paying the provider with out-of-pocket dollars, completing and submitting claim forms, and waiting for reimbursements – use your MBI Benefits™ card to pay the provider immediately! The MBI Benefits™ card can be used at most medical, dental, vision, pharmacy or day care locations that accept MasterCard. Simply swipe the card at a qualifying provider location and the funds are deducted automatically from your account. Examples of qualified locations and providers include hospitals, clinics, doctor, dental and vision offices, pharmacies, and dependent care facilities. The card can only be used for eligible products and services as defined by IRS regulations.

You will need to retain all receipts and documentation from your *MBI Benefits™* card purchases to verify the expenses are eligible according to Internal Revenue Service regulations. You will receive an e-mail or letter from ProcessWorks requesting the documentation, if required.

**When you enroll in future plan years, your card will automatically be loaded with your new elections. You will NOT need to complete this form each year. You will automatically receive a new card every 3 years.**

Employee Information	
Name	Social Security Number
Employer Name	E-mail Address (to receive timely card status information)

Employee Card Signup
<input type="checkbox"/> YES, please send me a <b>MBI Benefits™</b> card. I realize there is a non-refundable \$18.00 annual fee for this card. I authorize this fee to be automatically deducted on a pre-tax basis from my account.
Employee Signature _____ Date: ____ / ____ / ____

Spouse/Dependent Card Signup		
<input type="checkbox"/> YES, please send a <b>MBI Benefits™</b> card for my spouse and/or dependent(s) listed below. One spouse/dependent card is provided <i>free of charge</i> . Additional cards are available for \$5.00 per card. I am enclosing a check made payable to ProcessWorks, Inc. for the total of the additional cards requested. Once issued, cards are valid for 3 years. I authorize my spouse and/or dependent(s) to use their <b>MBI Benefits™</b> card(s) on my behalf to pay for qualified medical and/or dependent care expenses from my plan account(s).		
Spouse/Dependent Name	Spouse/Dependent Soc. Sec. #	Fee
		No Charge
		\$5.00
		\$5.00
<p>➤ Don't forget to include a personal check made payable to ProcessWorks, Inc. for the total of the cards requested at \$5.00 per additional card.</p>		
Employee Signature _____ Date: ____ / ____ / ____		

Allow 2 – 4 weeks from the date we receive your completed form to receive your card(s).

## RETURN FORM AND A CHECK (IF APPLICABLE) TO:



**ProcessWorks, Inc.**  
P.O. Box 2490  
Brookfield, WI 53008-2490  
Toll-free Fax: (800) 760-3727  
**24-HOUR ACCESS: (262) 827-7030 OR**  
**(888) 868-2492**

